24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	
	C C00571372
Check if X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Agency	02 15 2016
Mailing Address 1020 Princess Street	Amount
City State Zip Code	2379.00
Alexandria VA 22314	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Production - also opposes Trump Category/ Type 004	02 16 2016
Name of Federal Candidate Support Offic	e Sought: House District:
Jeb Bush Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: X Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
Walling Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calcinati Total To Bato	oursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	2379.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	2379.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	02 16 2016
Signature	